

**COMMODITY FUTURES TRADING COMMISSION**

**FORM SEF**

**SWAP EXECUTION FACILITY  
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

**COVER SHEET**

**LedgerX LLC**

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Exact name of Applicant as specified in charter

**152 Madison Avenue, 21st Fl., New York, NY 10016**

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Address of principal executive offices

- ☒ If this is an **APPLICATION** for registration, complete in full and check here.
- ☐ If this is an **AMENDMENT** to an application, or to an existing order of registration, list all items that are amended and check here.

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**GENERAL INFORMATION**

1. Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):

N/A

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2. If name of swap execution facility is being amended, state previous swap execution facility name:

N/A

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3. Contact information, including mailing address if different than address specified above:

Same as above

Number and Street

City	State	Country	Zip Code
917 267 0378		N/A	
Main Phone Number		Fax	
N/A		ian@ledgerx.com	
Website URL		E-mail Address	

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

<u>Office</u>	<u>Address</u>
LedgerX LLC	152 Madison Avenue, 21st Fl., New York, NY 10016

5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following:

- a. Date of succession

N/A

- b. Full name and address of predecessor registrant

N/A

Name

Number and Street

City	State	Country	Zip Code
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Main Phone Number

Website URL

## BUSINESS ORGANIZATION

6. Applicant is a:

- ☐ Corporation  
☐ Partnership  
☒ Limited Liability Company  
☐ Other form of organization (specify) \_\_\_\_\_

7. Date of incorporation or formation: April 8, 2014

8. State of incorporation or jurisdiction of organization: Delaware

9. The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Ian Darrow, General Counsel and Chief Compliance Officer

**Print Name and Title**

LedgerX LLC

**Name of Applicant**

152 Madison Avenue, 21st Fl.

**Number and Street**

New York

**City**

New York

**State**

10016

**Zip Code**

## SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 13<sup>th</sup> day of January, 2017. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

LedgerX LLC

**Name of Applicant**



**Signature of Duly Authorized Person**

Paul Chou, Chief Executive Officer

**Print Name and Title of Signatory**